

## Installation Protocol

Fax Message

(please send the document to:)

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### CAUTION

**It is absolutely mandatory to enter all requested data in this protocol when the installation of the system was completed!  
Incomplete protocols will be returned to your supervisor for follow-up!**

Equipment Type

UROSOP Access .....

\*1 System serial no.:

.....

Order Number:

.....

Customer/Hospital

Name: .....

City: .....

Country/State: .....

### Confirmation: I hereby certify that

- The system indicated above was delivered in its entirety. Installation and Startup were performed according to the actual version of the installation and startup instructions as delivered with the system (please indicate any deviation in the table below).
- All safety and functional checks have been performed
- All required measurements have been made and the values are within tolerance as provided by the manufacturer.

Status / Remaining work	Problems		Brief description (please mark with 'n.a.' if not applicable)
	yes	no	
Room preparation at customer site (e.g. power line, water supply, network,...)			
Electronics assembly			
Basic unit			
Lifting base			
Cabling			
TFT support arm			
Generator cabinet			
Imaging system/ container			
Endo interface / Urodynamic interface			
Options (e.g. Mavig radiation protection)			
<b>*2 Start-up</b>			
General start-up			

\*1 The System Serial No. is indicated on the label at the basic unit.

\*2 According document „Startup System“ (SPL5-330.815)

System start-up			
Imaging system start-up			

Customer specific settings			
Start-up of options			
Concluding work			

<b><sup>3</sup>Image Quality</b>			
<b>General Topics</b>			
Time of delivery (if yes, please state the reason)			
Missing parts ( if yes, which Mat. No.)			
Network			
<b>Remark:</b> (please use additional pages if necessary)			

Printed name of system installer	date	signature
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<sup>3</sup> According to document Quality assurance; image quality test (SPL5-330.820)